

Illinois Department of Public Aid

Abortion Payment Application

Recipient Name	•••			
Recipient Address				
Case Identification No.	Recipient			
I performed an abortion for the patient named abo	ove			
at		on		
at Location (Name, City)	/)		Date	
The abortion was performed because:	(•	rcle one code only) <u>Surgical</u> <u>Mifepristone</u>	
The abortion was necessary due to a physical disorder, injury, or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.			W7576	
The recipient reported that the pregnancy was the result of rape.		W7462	W7577	
The recipient reported that the pregnancy was the result of incest.		W 7463	W7578	
The abortion was necessary to protect the woman's health.		W7599	W7579	
I understand that completion of this form is fo	or Medical Assistance	payment purp	ooses only.	
nysician performing abortion (Please Print) Medicai		licaid Provider	d Provider Number	
Street Address				
City	State	Zip	-	
Signature of physician performing abortion		Date		

Completion mandatory, II. Rev. Stat., Ch. 23, P.A. Code. Penalty non-payment. Forms approved by the Forms Management Center.

DPA 2390 (R-2-01) IL478-1474